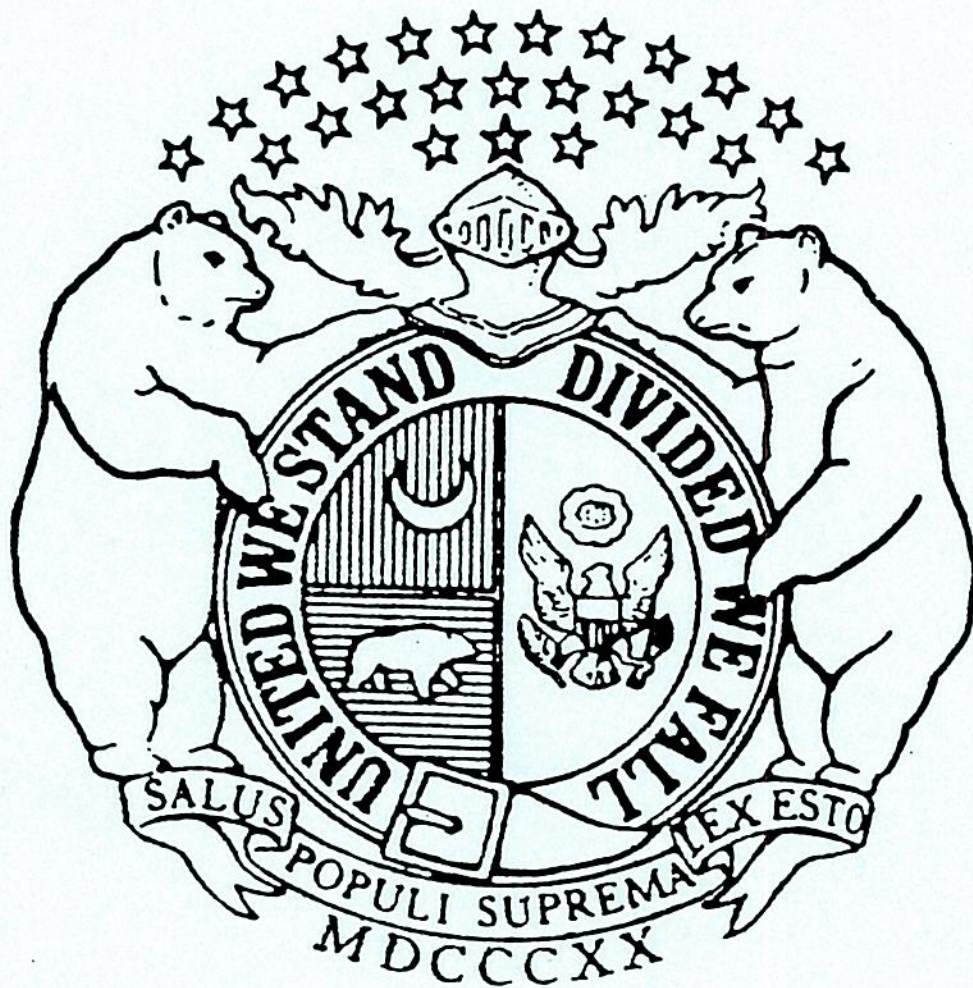


Governor's Council on AIDS



1995 Annual Report



1995 REPORT

Governor's Council On AIDS

The following report was presented to Governor Carnahan on December 14, 1995. The report contains service issues presented by Missourians with HIV, and identifies service improvements by the Departments of Health, Mental Health, Social Service, Corrections and Elementary and Secondary Education.

The Governor's Council on AIDS exists to create an effective service system for person with HIV and at risk for HIV through increased coordination among government agencies providing HIV prevention and care services in Missouri. The Council advises Governor Carnahan on HIV issues and departmental service coordination, and develops policy to assist in the prevention of HIV and the care for persons with HIV. The Governor's Council on AIDS was established in 1995.

Members of the Governor's Council on AIDS



Pictured left to right: Dr. Coleen Kivlahan, Jackie Horton, Jim Sprague, Julie Carel, Matt Wagner, Governor Carnahan, Beth Meyerson, Dave Peters, Kathy Martin, Julie Ives, Tony Smith and Dr. Roy Wilson.



1995 REPORT

Governor's Council On AIDS

Department of Social Services

Service Issue	Service Improvements
<u>Medicaid</u> <ol style="list-style-type: none">1. Medicaid application process is too slow.2. Increase HIV specialized Division of Family Services (DFS) workers.3. Food Stamp allotment is not sufficient for HIV. Nutritional needs of client are not met by allowance, and income levels do not reflect cost of nutrition supplements.4. Spend Down is cumbersome. Application process is complicated for persons who are very sick. Travel and documentation requirements are burdensome.5. Reimburse service coordination with Medicaid funds.6. Expand Medicaid waiver access to include Department of Health "affiliate" service coordinators.	<p>⇒ Current effort to assess HIV client access to DFS workers. Identifying HIV specialized DFS workers throughout Missouri.</p> <p>⇒ Considering review of spend down. DFS to consider approval of third party assistance to expedite process, and will supply pre-paid envelopes to spend down clients for provider mailing of DFS documentation.</p> <p>⇒ Review of COBRA Community Follow-up program by Medicaid. Outlook for program uncertain, given federal funding for Medicaid.</p> <p>⇒ Department of Health submitted application for waiver amendment 11/1/95. Review and outcome expected in 2/96.</p>
<u>Access to skilled nursing care</u> <p>No available residential care for persons with HIV in rural areas.</p>	Pending Social Service, Division of Aging Response.



1995 REPORT

Governor's Council On AIDS

Department of Elementary and Secondary Education

Service Issue	Service Improvements
<u>Social Security/Disability</u> Disability Determinations (DDS) approval process is too long. If claim is denied at the state agency level, federal appeal to Administrative Law Judge can take up to a year for a decision.	<ul style="list-style-type: none">⇒ Time requirement to establish eligibility is federally determined. State agency time frame from initial claim through one appeal averages 80 days. The Missouri DDS ranks among the top five states in short processing times. DDS will track cases to monitor service delivery⇒ State agency has designated specialized caseworkers and contacts to increase application assistance.⇒ Training for case workers will be developed by DESE, DOH and Governor's Council.⇒ Community medical providers heavily involved in HIV issues will be contacted concerning documentation and assistance in presumptive payment to HIV clients.
<u>HIV Education in Schools</u> <ul style="list-style-type: none">1. Increase the quality of HIV education in schools. Include universal precautions training.2. Review school notification law.	<ul style="list-style-type: none">⇒ Present School Health Profile data, epidemic data and Youth Behavior Risk Factor Survey upon completion.⇒ Missouri School Improvement Health Curriculum included mandatory universal precautions training. Council to identify incentives for schools to participate.⇒ Review of school notification law in 1996.



1995 REPORT

Governor's Council On AIDS

Department of Mental Health

Service Issue	Service Improvements
<u>Access to Mental Health Treatment</u> Increase access to integrated care for persons with dual and triple diagnosis (HIV, Substance Abuse and Psychiatric disorders).	⇒ Departments of Health and Mental Health are collaborating to implement the SPNS grant (Special Projects of National Significance) which will create an integrated model of care for persons with HIV/AIDS. This project includes: <ol style="list-style-type: none"> 1. Cross training for HIV Service Coordinators and Addiction/Mental Health professionals. 2. Establishment of a single case manager for dual triple diagnosed clients.
<u>Psychiatric Placement for Persons Living with AIDS and Diagnosed with Dementia</u>	Persons with dementia are not part of the Comprehensive Psychiatric Services target population unless they also suffer from other serious mental illnesses.
<u>HIV Education in Drug Treatment Centers</u> Increase HIV risk reduction programs in substance abuse treatment facilities.	⇒ All treatment facilities conduct an HIV risk assessment and either refer to the local health department for HIV testing or provide testing on site. ⇒ Annual Alcohol and Drug Abuse Spring Training Institute will include HIV risk reduction and strategies for encouraging persons in treatment for substance abuse to be tested for HIV.
<u>HIV Testing In Mental Health Facilities</u> <ol style="list-style-type: none"> 1. Expand HIV testing in drug treatment centers. 2. Track HIV+ clients who receive services in Mental Health Facilities. 	⇒ Reviewing HIV testing in drug treatment centers. ⇒ Evaluating the implementation of an Orasure (oral HIV sampling) pilot project in substance abuse treatment facilities. ⇒ Medical diagnosis will identify HIV as part of the Alcohol and Drug Abuse/Comprehensive Psychiatric Service demographic/diagnostic management information system.
<u>Community Relations</u> <ol style="list-style-type: none"> 1. Improve relations with HIV community based organizations for prevention and service referral. 2. Establish a Department of Mental Health grievance contact. 	⇒ All treatment centers have been encouraged to be involved in their regional HIV Prevention Community Planning Process through the Department of Health. ⇒ Dr. Joe Parks is the Psychiatric Services contact. Julie Carel is the Alcohol and Drug Abuse contact.



1995 REPORT

Governor's Council On AIDS

Department of Corrections

Service Issue	Service Improvements
<u>Care for HIV+ Incarcerated Clients</u> 1. Improve medications management in local jails 2. Refine system of primary care for HIV infected inmates.	⇒ Local jails are responsible to local jurisdictions and not to the Department of Corrections. Community Organizations are advised to encourage improvements through local jurisdictions. ⇒ Governor's Council review and approval of Chronic Care Clinic protocol. ⇒ The Department of Corrections received National Commission on Correctional Health Care (NCCHC) accreditation at six sites in 1994 and 1995. These sites are Boonville Correctional Center, Central MO Correctional Center, Chillicothe Correctional Center, Fulton Reception and Diagnostic Center, Moberly Correctional Center and Ozark Correctional Center. NCCHC accreditation for Corrections is comparable to JCAHO for hospitals. It is the intention of the Department of Corrections to have all sites accredited by the end of 1996.
<u>Access to Condoms</u> Provide access to condoms upon parole.	The Department of Corrections will not distribute condoms in state prisons, as anti-sodomy legislation in Missouri prohibits sexual relations between persons of the same gender. Condoms may be made available upon request at the time of parole.
<u>HIV Prevention Education</u> 1. Enhance HIV training for prison personnel and inmates. 2. Increase access to HIV care and prevention information in state prisons.	⇒ Probation and Parole workers and medical services personnel are identified as target population for HIV education. ⇒ Implementing curriculum "Be Proud, Be Responsible" in state correctional drug treatment programs in collaboration with the Department of Elementary and Secondary Education. ⇒ Newsletter <i>The Other Side</i> , an inmate newsletter, accepts submissions of HIV related information. ⇒ Department of Corrections provides Communicable Disease, universal precaution training to all entry level staff at their Basic Training class. An inservice is offered quarterly. ⇒ All inmates receive HIV education at entrance and with HIV testing. HIV/AIDS Literature is also available in the medical units and inmate libraries. Most institutions have received information from AmFAR via their HIV mini library mailings.



1995 REPORT

Governor's Council On AIDS

Department of Health

Service Issue	Service Improvements
<u>HIV Testing</u> Increase access to anonymous HIV testing in the Columbia area.	Missouri law provides for a maximum of three anonymous testing sites for HIV: St. Louis, Kansas City and Springfield. An anonymous HIV testing study will occur in 1996 to study access to anonymous testing in Columbia area. Future legislation will follow study results.
<u>Access to Service Coordination in Northeast Missouri</u> Increase service coordination in Northeast Missouri.	The full time service coordinator in Northeast Missouri was removed in 1994 due to the lack of client base. Clients are currently receiving service coordination from the Columbia area office. The Department of Health will consider possible part time service coordination in Northeast, pending increased client base and January 1996 report from Service Coordination Review Team.

Inter-Departmental Coordination

Service Issue	Service Improvements
Increase coordination of HIV prevention and care services among state departments of Health, Mental Health, Corrections, Social Service and Elementary and Secondary Education.	The Governor's Council was established in 1995. The following was accomplished: <ul style="list-style-type: none"> • Departments responded to customer cases from Missouri AIDS Council. • Customer Service flow identified. • Integration of inter-departmental service flow in 1996-1997. • Council assisted in collaborative response to Ryan White HIV Care Crisis in Department of Health.



1995 REPORT

Governor's Council On AIDS

RECOMMENDATIONS

December 1995

HIV Services

1. Coordinate with other Governors to increase national advocacy for a more timely federal appeals process for Disability Determinations.
2. Coordinate with local jails to ensure appropriate dispensing of HIV medications and universal precautions training.
3. Review and improve Medicaid Spend Down process to simplify program requirements and time period for qualification.
4. Fund HIV service coordination through Medicaid funds.

HIV Prevention and Education

1. Distribute condoms upon release from prison.
2. Integrate universal precautions, medications management and HIV related issues training into curricula of highway patrol for state and local personnel.

Inter-Departmental Coordination

1. Review procurement process to ensure expedited funding for customer service case identification.
2. Ensure that Governor's Office representative attends all Governors Council on AIDS meetings.

⇒ See the Missouri AIDS Council report to Governor Carnahan in review of the Governor's Council on AIDS and the departmental response to service issues before the Governor's Council on AIDS(Attached).

MISSOURI AIDS COUNCIL

PERFORMANCE REPORT

GOVERNOR'S COUNCIL ON AIDS

December 14, 1995

POSITION: *The Missouri AIDS Council is pleased with the progress that has been made by the Governor's Council on AIDS during the past six months, and is anticipating the continued commitment on the part of the administration and all governmental departments to this process in the coming year.*

PROGRESS

- Establishment of Governor's Council
- Creation of departmental work groups with community input
- Consumer Focus and customer service flow charts
- Identification of key issues
- Discussions centering on policy changes
- Identification of barriers to service
- Inter-departmental coordination

REPORTS

DEPARTMENT OF HEALTH

As the lead agency for the Governor's Council on AIDS the Department of Health has shown commitment and was instrumental in the organization of the council. DOH has strengthened linkages with other departments. The department has attended all meetings with appropriate representation.

DEPARTMENT OF SOCIAL SERVICES

Missouri AIDS Council is disappointed with the Department of Social Services since it has been absent from half of the scheduled meetings.. DSS is extremely important since it provides several services to persons living with HIV/AIDS

(cont.)

including Medicaid, Food Stamps, AFDC, and other programs. It is crucial that this department sends representation that has the authority and ability to assist in making important decisions, especially in light of proposed welfare reforms. Missouri AIDS Council does appreciate efforts on the part of Medicaid regarding the Ryan White Funding Crisis.

DEPARTMENT OF MENTAL HEALTH

DMH is actively involved in the Governor's Council on AIDS. It is working to strengthen linkages with DOH for the dual and triple diagnosed consumer. It is strengthening its prevention efforts by establishing linkages with community based organizations. It is also planning further training for field staff at its spring conference. The department has been consistently represented at all meetings of the council with appropriate representation.

DEPARTMENT OF CORRECTIONS

The department of corrections has exhibited a desire to improve the conditions for incarcerated persons living with HIV Disease. It is also working on more effective ways of preventing the spread of HIV infection both in prison and at the time of release. The department is also looking at more effective training and education for personnel. The department has attended all meetings and is appropriately represented.

DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

DESE has been actively involved in the Governor's Council and is committed to ensuring a more effective disability claims process. The department has been instrumental by ensuring more effective education in the public school system on HIV/AIDS prevention. The department has attended all meetings and is appropriately represented.

GOVERNOR'S COUNCIL ON DISABILITY

GCD has attended one meeting of the Governor's Council on AIDS. The Governor's Council on Disability is an essential entity regarding disability rights and issues.

MINORITY HEALTH ADVISORY COMMITTEE

The advisory committee has been represented at two meetings. Representation from this committee is important considering HIV Disease is disproportionately represented by communities of color.

RECOMMENDATIONS

- 1. Assure attendance of all departments, committees and councils with appropriate representation at all meetings.**

The need for attendance with appropriate representation is crucial to the development and continuation of the Governor's Council on AIDS.

- 2. Assign a member of the governor's staff to attend meetings.**

It is important to have a member of the governor's staff attending meetings to provide input and ensure proper representation and coordination.

- 3. Expand consumer representation.**

An alternate consumer representative should be selected to assure consistent representation from the infected population. In addition consumer representation should be present at the different departments work group level of the Governor's Council Activities.

- 4. Coordinate a 3 year strategic plan addressing HIV/AIDS issues and policy.**

A comprehensive plan must be developed with input from various organizations and planning bodies across Missouri. A coordinated AIDS effort with clear goals and objectives is fundamental. The Governor's Council on AIDS would be the ideal entity to organize such an effort.

- 5. Extend required participation when needed to other departments or agencies.**

During the Governor's Council meetings it has become apparent that other departments and agencies are associated with HIV/AIDS issues. It would be beneficial to have the participation of those entities as needed.